



Wyoming Colorectal Cancer Early Detection Program

Why Colonoscopy?

The suggested intervention for Wyoming will be the use of the colonoscopy as the main method of screening. This is because colonoscopy has been determined the gold standard for colorectal cancer screening according to many recent studies. By screening via colonoscopy from the beginning, we will be more efficient, accurate, and cost effective.

Fast Facts:

- Complete Colonoscopy allows the physician to view the entire colon, identify any suspicious growths, and allows biopsy or removal of a polyp at the very same time it is identified. **(American College of Gastroenterology)**
- An important limitation of sigmoidoscopy is that only the distal colon and rectum are examined; therefore, more proximal lesions may be missed.
- If another method is chosen (i.e. Flexible Sigmoidoscopy, DCBE, etc.), and results on these alternative methods are chosen, the physician will require a follow-up colonoscopy anyway. **(American College of Gastroenterology)**
- The sensitivity for a single Colonoscopy exam is 90% for large polyps and 75% for small polyps. This makes it very likely that any polyps that would become cancer will be found and removed. **Rex DK, Cutler CS, Lemmel GT, Rahmani EY, Clark DW, Helper DJ, et al. Colonoscopic miss rates of adenomas determined by back-to-back colonoscopies. *Gastroenterology* 1997;112:24-8; and**
- It is estimated that 76% to 90% of cancers could be prevented by regular colonoscopic surveillance exams. **The National Polyp Study Workgroup. *N Engl J Med* 1993;329:1977-81**
- With regard to Flexible Sigmoidoscopy, the 35-cm scope can access only 50%–75% of the sigmoid colon and can be used to detect only 30%–45% of colorectal polyps and cancers. The longer 60-cm scope can be used to examine the entire sigmoid colon in approximately 80% of patients and can, thereby, be used to detect 40%–65% of polyps and cancers. ***Radiology*. 2000;215:327-335**
- The sensitivity of colonoscopy for colorectal cancer (95%) was greater than that for barium enema (82.9%), with an odds ratio of 3.93 for a missed cancer by barium enema compared with colonoscopy. **[Rex DK](#), [Rahmani EY](#), [Haseman JH](#), [Lemmel GT](#), [Kaster S](#), [Buckley JS](#). Relative sensitivity of colonoscopy and barium enema for detection of colorectal cancer in clinical practice.**